OPPC Self-Reporting Form

ACN:							
Provider PROMISe Number	:			Service	Location Number:		
Provider Name:							
Recipient Name:				Recipient ID:		DOB:	
Admission Date:				Dischar	rge Date:		
Was this:					_	_	
				correct patient (E876.5)?	? Yes	=	
				scheduled (E876.6)?	∐ Yes	=	
	c) the correct	operation/i	nvasive procedure or	wrong side/body part (E8	876.7)? Yes	No No	
ICD-CM Procedure Code:			Description:			Date:	
Were any of the following in	volved:						
Anesthesiologist			Nurse (RN or LPN)		Certified Registered Nurs	e Anesthetist (CRNA)	
Assistant surgeon			OR Technician		Physician Assistant (PA)		
Physician/surgeon	Radiologist		Certified Registered Nurse		e Practitioner (CRNP)		
Dentist			Podiatrist		Other (Specify)		
Name				Tiu -		Lisana (Osat AIDI Nisashan	_
Name	P	osition		Title		License/Cert./NPI Number	_
Details:							
							_
Charges Related to the OPF	DC:						
Revenue Code	Descri	ntion	Sen	rice Date(s)	Service Units	Charges	_
Tevenue odde	Beson	ption	CCIV	loc Batc(o)	Cervice Office	Charges	_
							_
							_
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INSTRUCTIONS FOR COMPLETING THE OPPC SELF-REPORTING FORM

Please complete the OPPC Self-Reporting Form any time that an Other Provider-Preventable Condition occurs.

NOTE: A separate form must be completed for each procedure.

ACN - Enter the Attachment Control Number (ACN) if this is an attachment for an electronically submitted institutional claim.

Provider PROMISe Number - Enter the facility's 9-digit provider number.

Service Location Number - Enter the facility's 4-digit service location number.

Recipient Name - Enter the recipient's full name.

Recipient ID - Enter the recipient's 10-digit identification number.

Date of Birth - Enter the recipient's date of birth (MMDDCCYY).

Admission Date - Enter the date of admission (MMDDCCYY).

Discharge Date - Enter the date of discharge (MMDDCCYY).

Was this an operation/invasive procedure - Enter an X for yes or no for line a), b), and c).

ICD-CM Procedure Code, Description and Date - Enter the ICD-CM procedure code, description and date.

NOTE: A separate form must be completed for each procedure.

Were any of the following involved - Enter an X for each provider type.

Name, Position, Title and License/Certification/NPI Number - Enter the name, position, title and License/Certification/NPI Number as applicable for each provider type. If more space is needed, see Attachments described below.

Details - Enter the specifics pertaining to this procedure. If more space is needed, see Attachments described below.

Charges Related to the OPPC - Use this section to identify any charges that are being reported for non-payment.

Attachments - If more space is needed, attach an 8 ½" x 11" sheet of paper. Include all of the following at the top of each page: the ACN, Provider PROMISe Number, Service Location, Recipient Name, Recipient ID, Admission Date and Discharge Date.

